THE DIVISION OF HEALTH OF MISSOURI  12005  STANDARD CERTIFICATE OF DEATH  STANDARD CERTIFICAT	EILED ADD	0.0 40= 4	THE DIV	ISION OF HE	ALTH OF MISSO	DURI			40005
SHITH NO. SEC. DIST. NO. SEC. DIST. NO. DIST. NO. DOZ. Registres's No. 1169  I. FLACE OF DEATH a. COUNTY Jankson  D. CITY (If counted corporate limits, write RURAL and effect of townships)  D. CITY (If counted corporate limits, write RURAL and effect of townships)  G. FULL ARMS OF If see in inseptial or institutioning, give arrest address or location of institution 2509 Troost  G. FULL ARMS OF If see in inseptial or institutioning give arrest address or location of institution 2509 Troost  G. FULL ARMS OF If see in inseptial or institutioning give arrest address or location of institution 2509 Troost  G. FULL ARMS OF If see in inseptial or institutioning give arrest address or location of institution 2509 Troost  G. FULL ARMS OF If see in inseptial or institution of the limit in the location of institution 2509 Troost  G. FULL ARMS OF If see in inseptial or institution of the limit in the location of institution of institu	FILLU APR	20 1954	STANDA	ARD CERTIF	ICATE OF D	EATH	Can	a Eila Ma	12002
I. PLACE OF DEATH a. COUNTY Jarkson  b. CITY (It conside corrowns timits, write RUBAL and give TOWN KANSAS City TOWN KANSAS City TOWN KANSAS City  c. CITY TOWN KANSAS City  d. STATE MISSIURI  c. CITY TOWN KANSAS City  c. CITY TOWN KANSAS City  d. DATE COUNTY TOWN KANSAS City  c. CITY TOWN KANSAS  c. CITY TOWN MARK  c. CITY TOWN MARK TOWN COUNTY  TOWN CANSAS  c. CITY TOWN MARK TOWN COUNTY  TOWN COUNTY  TOWN CANSAS  c. CITY TOWN COUN			· · · · ·					# F14# 140,	1469
a. COUNTY  Jarkson  b. CITY (It concides convents limits, write RUBAL and give township)  S. TATE MISSIUR1  b. COUNTY Jackson  convents limits, write RUBAL and give township)  S. TATE MISSIUR1  c. CITY TOWN KANSAS CITY  G. FULL RAME OF (If so is beoptial or instituction, give street address or location)  JOYA'S  d. FULL RAME OF (If so is beoptial or instituction, give street address or location)  ROBERSON  J. C. CITY  TOWN KANSAS CITY  TOWN KANSAS CITY  TOWN KANSAS CITY  C. CITY  TOWN KANSAS CITY  C. CITY  TOWN KANSAS CITY  C. CITY  TOWN KANSAS CITY  TOWN KANSAS CITY  TOWN KANSAS CITY  C. CITY  TOWN KANSAS CITY  TOWN	BIRTH NO		REG. DIST.	w. <u>///</u>	PRIMARY REG. DIS	т. но. <i>_О</i>	OZ_ Keg	istrar's No.	
Jackson   Comparison   Compar		TH		<del> </del>	2 USUAL RES	DENCE (V	Vhere deceased	lived. If ins	
OR LANGE OF THE STATE OF THE ST	a. COUNTY	Jackson		•	a. STATE Mis	siuri	ь. СС	UNTY	Jackson de la
d. FULL NAME OF UP on is booghal or Institution, give streat address or location)  ##GOPTIA 2509 Troost    Comover		c. CITY			d. Is Rec	idence within limits of			
d. FULL MANE OF of the set in bestellar in institution, give street address or location in MOSTITUTION 2509 Troost  3. NAME OF DECEASED a. (First) Addlyn Addlyn Addlyn Addlyn Addlyn Addlyn Conover A. DATE (Month) (Day) (Year) OF DECEASED ACTION OF Pital) S. SEX / 6. COLOR OR RACE   7. MARRIED, NEVER MARRI				30yrs	TOWN Kans	as City	-	e city Yes	or incorporated town?
3. NAME OF DECASOR ACIDITION DECASOR DECASOR ACIDITION TO BEASOR DECASOR OF RACE (Type or Print) S. SEX  6. COLOR OR RACE (Type or Print) S. SEX  6. COLOR OR RACE (Type or Print) S. SEX  6. COLOR OR RACE (Type or Print) S. SEX  6. COLOR OR RACE (Type or Print) S. SEX  6. COLOR OR RACE (Type or Print) S. MARRIED, NEVER MARRIED, NEVER MARRIED, DIVORCED (Spendily) Will dow	d. FULL NAME OF O	. STREET			L	0414			
DECASED CTYPE OF Print) Addlyn CONOVET DEATH MOTHE SEX   6. COLOR OR RACE   7. MARRIED. NEVER MARRIED.   8. DATE OF BIRTH   9. AGE (to years) or mosts   Table   Hours   Min.   Mosthe   Days   Mosthe   Days   Hours   Min.   Mosthe   Days   Days   Days   Days   Days   Days   Days   Days	INSTITUTION	Address	2509 I	roost		34.2			
Type or Phili)  Addlyn  Conover  Death Ipril 2 1954  Type or Phili)  S. SEX    6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, NOT RESERVE (In years) of metals i trace   fecusion in the manufactory of metals of which of the metals of th	3. NAME OF	a. (First)	b.	(Middle)	c. (Last)		4. DATE	(Month)	(Day) (Vest)
S. SEX Female Wite Finale Wite Widow		Addlvn			Conover		l OF		
Female White Wildow (Green and Control (Green blad of vort) (Dr. LIGHARD) (Dr.		<del>-</del>	I 7. MARRIED. N	VER MARRIED.					
IDAL SUBJAL OCCUPATION (Circy baded from book doughting most of working life, went if restored)   IDAL KIND OF BUSINESS OR IN- DUSTRY   No. Record   Ida. Name of Freeign Canality)   IDAL KIND OF BUSINESS OR IN- DUSTRY   No. Record   Ida. Name of Fusign Canality)   IDAL KIND OF BUSINESS OR IN- DUSTRY   No. Record   Ida. Name of Fusign Canality)   IDAL KIND OF BUSINESS OR IN- DUSTRY   No. Record   Ida. Name of Fusign Canality)   IDAL KIND OF BUSINESS OR IN- DUSTRY   No. Record   Ida. Name of Fusign Canality)   IDAL KIND OF BUSINESS OR IN- DUSTRY   No. Record   Ida. Name of Fusign Canality   Idal Kind Of State of Survivo)   Idal Kind O	/		WIDOWED, Di	VORCED (Specify)	l	Q.τ	last birthday	) Months	Days Hours Min.
HOUSEWITE  38. FATHER'S NAME  NO RECORD  13b. MOTHER'S MAIDEN NAME  NO RECORD  15. WAS DECEASED EVER IN U. S. ARMED FORCES? IT. INFORMANT'S SIGNATURE OR NAME  16. SOCIAL SECURITY NO.  Mrs Carrie Drinkard 2509 Troost K.C. Mc.  17. INFORMANT'S SIGNATURE OR NAME  18. ACCIDENT  19. DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  10. INTERVAL BETWEEN  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  120. AUTOPSY?  TICH  13b. MOTHER'S MAIDEN NAME  NO RECORD  15. SOCIAL SECURITY  NO.  Mrs Carrie Drinkard 2509 Troost K.C. Mc.  Mrs Carrie Drinkard 2509 Troost K.C. Mc.  10. DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  ANTECEDENT CAUSES  Morbid conditions, if any, gipting DUE TO (b)  This does not mean he most of the above cause (a) stating the underlying cause last.  16. It means the distance or condition on using death.  17. INFORMANT'S SIGNATURE  MRS Carrie Drinkard 2509 Troost K.C. Mc.  M					AL DIOTUDE ACE		12	<del>-</del> '	12 CITIZEN OF 112147
38. FATHER'S NAME NO RECORD NO RECORD 13. MAD DECEASED EVER IN U. S. ARMED FORCES? 14. NAME OF HUSBAND'OR VIFE NO RECORD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH Enter only ona cause per line for (a), (b), and (e)  *This does not mean the mode of syting, such sus heart fulture, eathenia, it is to the above cause (a) stating the mode of syting, such rise to the above cause (a) stating the mode of syting, such rise to the above cause (a) stating the mode of syting, such rise to the above cause (a)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  12. Interpretation of the death of the death but not related to the disease or condition causing death.  13. MOTHER SMAILE FINANCE  14. NAME OF HUSBAND'OR VIFE Charles Sa Conover  17. INFORMANT'S SIGNATURE OR NAME ADDRESS  17. INFORMANT'S SIGNATURE OR NAME ADDRESS  18. CAUSE OF DEATH BITCH CAPTON  ANTECEDENT CAUSES  ANTECHNICATION  DIRECTLY LEADING TO DEATH'(e. Lin or above the state, highly continuing to the death but not related to the disease or condition causing death.  18. ACCIDENT  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT  SUCIDE  WORK  19. MAJOR FINDINGS OF OPERATION  21. INJURY OCCURRED INJURY  19. MAJOR FINDINGS OF OPERATION  21. How DID INJURY OCCUR?  19. MAJOR FINDINGS OF OPERATION  22. I hereby certify that I attended the deceased from  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  22. I hereby certify that I attended the deceased from  19. MAJOR FINDINGS  19. MAJOR FINDINGS OF OPERATION  21. HOW DID INJURY OCCURRED  19. MAJOR FINDINGS OF OPERATION  22. I hereby certify that I attended the deceased from  19. MAJOR FINDINGS OF OPERATION  22. DATE SIGNED  23. SIGNATURE  24. DATE SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  26. DATE SIGNATURE  27. DATE FRED BY LOCAL  28. DATE SIGNATURE  29. ADDRESS  20. ADDRESS  21. SUBMANDER FIN	done during most of working	ng life, even if retired)	1 1921 111112 41	DUSTRY	(City and State or Foreign Co			ountry)	COUNTRY?
NO RECORD  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  IS. CAUSE OF DEATH Enter only one outsop or line for (a), (b), and (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (b)  "This does not mean Morbid conditions, if any, giving DUE TO (c)  "This does not mean Morbid conditions, if any, giving DUE TO (b)  "This does not mean Morbid conditions, if any, giving DUE TO (b)  "This does not mean Morbid conditions and any giving DUE TO (b)  "This does not mean Morbid conditions and any giving DUE TO (b)  "This does not mean Morbid conditions and any giving DUE TO (b)  "This does not mean Morbid conditions and any giving DUE TO (b)  "This does not mean Morbid conditions and any giving DUE TO (b)  "This do		<u>e</u>	125				7	1	
15. WAS DECEASED EVER IN U. S. ARMED FORCES   16. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   Mrs. Carrie Drinkard   2509 Troost K. C. Mo.   Mrs. Carrie Drinkard   2509 Troost K. C. Mrs. Carrie Drinkard   2509 Troost K. C. Mo.   Mrs. Carrie Drinkard   2509 Troost K. C. Mrs. Carrie		3							
(Yes. Do. or unknown)  (If yes, the war or dates of service)  (No. Mrs Carrie Drinkard 2509 Troost K. C. Mo.  (R. CAUSE OF DEATH Enter only one occuse)  (R. CAUSE OF DEATH ON DEATH ON DIRECTLY LEADING TO DEATH (a. L. In means the disease, injury, or compilies to the above cause (a) stating the underlying cause last.  (R. CAUSE OF DEATH ON DIRECTLY LEADING TO DEATH (a. L. In means the disease, injury, or compilies to the above cause (a) stating the underlying cause last.  (R. DUE TO (c)  (II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but and related to the disease or condition causing death.  (R. ACCIDENT SOURCE HOME)  (R. ACCID					La INFORMANI				
INTERVAL BETWEEN DIRECTLY LEADING TO DEATH Enter only one cause or the mode of sying, such as heart failure, authenia, ties. It means the dis- case, injury, or complica- tion which caused death.  DIRECTLY LEADING TO DEATH*  (a) DUE TO (b)  II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LIMB conditions, if any, giving DUE TO (b)  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition caused death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition course death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition course death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition course death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition coursing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition coursing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  ORDITION  III. OTHER SIGNIFICANT CONDITIONS  ORDITION  III. OTHER SIGNIFICANT COURSE  DUE TO (c)  III. OTHER SIGNIFICANT COURSE  III. OTHER SIGNIFICANT COURSE  DUE TO (c)  III. OTHER SIGNIFICANT COURSE  III. OTHER SIGNIF					1				
I. DISEASE OR CONDITION INTECTLY LEADING TO DEATH* (a)  *This does not mean he have mode of dying, such a heart failure, eathenia, it. It means the dist ion which coused death.  **DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not client to the death out not client to the death out not suicides HOMICIDEN		МО		<u> </u>	·	Drinka	ra 250	9 1 <b>r</b> 00	
DIRECTLY LEADING TO DEATH* (a)  *This does not mean the mean the mean the mean of signs, such as shart failure, asthenia, dec. It means the discase, injury, or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  12. ACCIDENT  SUICIDE  HOMICUS  ANTICOLOR (Spectry)  ANTICOLOR (Spectry)  Page 1. ACCIDENT  ANTICOLOR (Month)  (Day)  (Day)  (Day)  (Day)  (Hour)  21. INJURY OCCURRED  WORK   AT WORK   21. HOW DID INJURY OCCURT  WORK   AT WORK   21. M., from the causes and on the date stated above.  22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, to, 19, to, 19, that I last saw the deceased alive on, 19, to, 19, to, 19, to, 19, to		L DISEASE OR CO	NOITION -	MEDICAL	ERTIFICATION		1, -	1-6°	ONSET AND DEATH
Morbid conditions, if any, gioing DUE TO (b) sheart failure, exthentia, state, injury, or compilica- tion which caused death.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  DOBE TO OPERATION  Per DATE OF OPERATION  DIS. MAJOR FINDINGS OF OPERATION  Per DATE (Month)  DIS. MAJOR FINDINGS OF OPERATION  DIS. MAJOR FININGS OF OPERATION  DIS. MAJOR FINDINGS OF OPERATION  DIS. MAJOR F		DIRECTLY LEAD	ING TO DEATH (a)	MILI	coccura	114.	HOW	NU	
the mode of dying, such as heart failure, astherita, etc. It means the disc. It means the disc. It means the disc ase, injury, or compiled the underlying cause last.  DUE TO (c)  DUE TO (c)  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Boodly) 21b. PLACE OF INJURY (s.e., to or about NOTWHILE (Month) (Day) (Flour) 21b. INJURY OCCURRED NOTWHILE (Month) (Day) (Flour) (Hour) 21b. INJURY OCCURRED NOTWHILE (Month) (Day) (Flour) (Hour) (Hour) 21b. INJURY OCCURRED NOTWHILE (Month) (Day) (Flour) (Hour) (Hour		ANTECEDENT CA	NUSES	•	•	, ,		•	
The underlying cause last.  The underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Orditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  ORDITION  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER		Morbid conditions	. if any, alpina Di	JE TO (b)	· · · · · · · · · · · · · · · · · · ·		<del></del>		
DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER S		ruse to the above a	TUSE (D) SEUTING						
11. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions causing death.   20. AUTOPSY?				JE TO (c)	,•		,		_
related to the disease or condition equiting death.				_	1 /2/			7	1200
19a. DATE OF OPERATION  20a. AUTOPSY?  YES NO  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE INJURY  21b. PLACEOFINJURY (a.g., in or about bome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. TIME (Month) (Day) (Hour) (Hour)  21e. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22c. I hereby certify that I attended the deceased from AT WORK  22c. I hereby certify that I attended the deceased from All and that death occurred at 2:15A m., from the causes and on the date stated above.  22a. SIGNATURE HUBB H  OWGIS (Degree or title)  23b. ADDRESS  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, townshi county) (State)  34d. CREMATORY  44d. LOCATION (City, townshi county) (State)  CALL SIGNATURE  ADDRESS  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS		Conditions contrib	ntributing to the death but not disease or condition causing death. (It is all I was hours					q^	
21a. ACCIDENT (Specify)   21b. PLACE OF INJURY (e.g., in or about HOMICIDE   10   10   10   10   10   10   10   1	19a. DATE OF OPERA-	19b. MAJOR FINE	DINGS OF OPERA	TION	<del></del>	7		//	20. AUTOPSY?
HOMIC DEP (Hour) (Hour) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 12. I hereby certify that I attended the deceased from	TION	I		•				V	YES NO TO
HOMIC DEP (Hour) (Hour) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  22f. Hereby certify that I attended the deceased from	21a. ACCIDENT	(Specify) 2	21b. PLACE OF INJ	JRY (e.g., in or about	21c. (CITY, TOWN, O	R TOWNSHIP	") (0	OUNTY)	(STATE)
WHILE AT WORK NOT WHILE AT WORK AT WOR	HOMICIDE	TINNO	home, farm, factory, s	treet, office bldg., etc.)					
while at work Norwhile Norwhil	21d. TIME (Month)	(Day) (Fear) (	Hour) 21e. INJ	URY OCCURRED	21f. HOW DID INJUI	RY OCCUR7			
22. I hereby certify that I attended the deceased from	OF INJURY	*		NOT WHILE					
alive on	4 7 1 l	1 - 2 T - 22 - 1 - 1 - 1			10 1			41 4 7 3	
A CREMA CREMA CAL BANK Green Lawn  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  A CREMA CREMA CAL BANK Green Lawn  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  COUNTY		. *-							
A. BURIAL, CREMA 240. DATE 240. NAME OF CEMETERY OR CREMATORY 244. LOCATION (City, town of county) (State)  100. REMOVAL (Speedty) 4-3-1954. Green Lawn Kansas City Mo.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						the causes	and on the	date state	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	VI- A A A	NITA.	10	Creation of the contract)	11921	(1)	i bir 1	001.	LC. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Z <b>II</b>	MIN CO	MMM/	V OR CREMATORY	- T/10	4/14)	uage.	7-2-32
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TION, REMOVAL (Spealty)	I. 2 TOP	. 1		I OR CREMAIGRI	1		WHAT COUR	(Presto)
DEC.				een Lawn	- FUMERAL			<b>10</b>	
7-2-54 Tomakking worth Mrs. C. L. Forster Futterat nome N. C. MC.	REG.	RESIDIRAR'S S	IGNATURE F	سد ا	1	<del>-</del>			
	7-2-54	Tomale	une or	nech	mrs . U. L. PO	Cacer F	micigi	TOME N	• A • MO •

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb .., Student Embalmer No..... by me, or by ......

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.